



Complete Summary

TITLE

Adult low back pain: percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of "red flag."

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Adult low back pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Nov. 66 p. [105 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of "red flag."

RATIONALE

The priority aim addressed by this measure is to reduce unnecessary imaging in adult patients with low back pain in the absence of "red flag" indicators or progressive symptoms.

PRIMARY CLINICAL COMPONENT

Acute low back pain; x-ray (anterior-posterior [AP], lateral [LAT]); computed tomography (CT) scan; magnetic resonance imaging (MRI); "red flag" indicators (see the "Denominator Inclusions/Exclusions" field in the Complete Summary)

DENOMINATOR DESCRIPTION

Number of patients with acute low back pain who present to clinic with low back pain six weeks or less from onset of pain without "red flag" indicators (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of patients with acute low back pain or sciatica receiving imaging studies: anterior-posterior (AP) or lateral (LAT) x-rays, computed tomography (CT) scan, or magnetic resonance imaging (MRI)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Adult low back pain.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component**INCIDENCE/PREVALENCE**

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories**IOM CARE NEED**

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adult patients age 18 and over in primary care who have symptoms of acute low back pain or sciatica

Identify patients with acute low back pain using diagnosis codes (see the "Denominator Inclusions/Exclusions" field). Patients should be included if the onset of symptoms was six weeks or less.

The medical record of each patient is reviewed to determine if the patient meets any of the "red flag" indicators (see the "Denominator Inclusions/Exclusions" field). If none of the "red flag" indicators is present, the chart is further reviewed for use of anterior-posterior (AP) or lateral (LAT) x-ray, computed tomography (CT) scan, or magnetic resonance imaging (MRI).

The suggested time period for data collection is a calendar month.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute low back pain who present to clinic with low back pain* six weeks or less from onset of pain without "red flag" indicators**

*Patients who are within six weeks of onset of low back pain and related symptoms, as identified by the following International Classification of Diseases, Ninth Revision (ICD-9) codes: 720.x, 721.x, 722.x, 724.xx, 847.2, 738.4, 738.5, 738.6, 846.x, 847.2, 847.3, 847.4, 847.9.

**Magnetic resonance imaging (MRI) and computed tomography (CT) generally are not useful in the early evaluation and treatment of low back pain or sciatica unless the patient has major or progressive neurological symptoms, or there is a suspicion of cancer or infection.

Generally anterior-posterior (AP) or lateral (LAT) x-rays are not useful in the acute setting but may be warranted with:

- Unrelenting night pain or pain at rest (increased incidence of clinically significant pathology)
- History of or suspicion of cancer (rule out metastatic disease)
- Fever above 38 degrees C (100.4 degrees F) for greater than 48 hours
- Osteoporosis

- Other systemic diseases
- Neuromotor or sensory deficit
- Chronic oral steroids
- Immunosuppression
- Serious accident or injury (fall from heights, blunt trauma, motor vehicle accident) - this does not include twisting or lifting injury unless other risk factors are present (e.g., history of osteoporosis)
- Clinical suspicion of ankylosing spondylitis

Other conditions that may warrant AP or LAT x-rays:

- Over 50 years old (increased risk of malignancy, compression fracture)
- Failure to respond after six weeks of conservative therapy
- Drug or alcohol abuse (increased incidence of osteomyelitis, trauma, fracture)

Exclusions

See "Inclusions" above.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute low back pain or sciatica receiving imaging studies: anterior-posterior (AP) or lateral (LAT) x-rays, computed tomography (CT) scan, or magnetic resonance imaging (MRI)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Percentage of patients with a diagnosis of back pain for whom the physician ordered imaging studies during the six weeks after pain onset, in the absence of "red flag."

MEASURE COLLECTION

[Adult Low Back Pain Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

The following Minnesota health plans provide direct financial support: Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne and UCare Minnesota. In-kind support is provided by the Institute for Clinical Systems Improvement's (ICSI) members.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Work Group Members: David C. Thorson, MD (Work Group Leader) (Family HealthServices Minnesota) (Sports Medicine); Jeff Bonsell, DC (HealthPartners Medical Group) (Chiropractic Medicine); Suzanne Hecht, MD (University of Minnesota Physicians) (Family Practice); Becky Mueller, DO (CentraCare) (Family Practice); Robb Campbell, MD, MPH (3M) (Occupational Medicine); Michael Goertz, MD, MPH (Park Nicollet Health Services) (Occupational Medicine); Ola Kuku, MD, MPH (Allina Medical Clinic) (Occupational Medicine); Glenn Buttermann, MD (Midwest Spine Institute) (Orthopedic Surgery); Adam Locketz, MD (Midwest Spine Institute) (Physical Medicine and Rehabilitation); Randy Shelerud, MD (Mayo Clinic) (Physical Medicine and Rehabilitation); Richard Timming, MD (HealthPartners Medical Group) (Physical Medicine and Rehabilitation); Andrew Vo, MD (Marshfield Clinic) (Physical Medicine and Rehabilitation); Chris Kramer, PT (Park Nicollet Health Services) (Physical Therapy); Steve Peterson, PT (Orthopaedic Sports, Inc.) (Physical Therapy); Thomas Gilbert, MD (Center for Diagnostic Imaging) (Radiology); Janet Jorgenson-Rathke, PT (Institute for Clinical Systems Improvement) (Facilitator); Pam Pietruszewski, MA (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering Committee and Respiratory Steering Committee). Participants must disclose any potential conflict and competing interests they or their dependents (spouse, dependent children, or others claimed as dependents) may have with any organization with commercial, proprietary, or political interests relevant to the topics covered by ICSI documents. Such disclosures will be shared with all individuals who prepare, review and approve ICSI documents.

Michael Goertz, MD received speaker's fees from Boston Scientific and Pfizer.

Adam Locketz, MD received speaker's fees from Boston Scientific.

No other work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Sep

REVISION DATE

2008 Nov

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Adult low back pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Sep. 65 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Adult low back pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Nov. 66 p. [105 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with a Diagnosis of Back Pain for Whom the Physician Ordered Imaging Studies During the Six Weeks After Pain Onset, in the Absence of "Red Flag," is published in "Health Care Guideline: Adult Low Back Pain." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on May 4, 2004. This NQMC summary was updated by ECRI Institute on October 14, 2004, November 3, 2005, December 6, 2006, and again on February 19, 2009.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 5/4/2009

